

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled REDUCTION OF DIFFERENTIAL RESOLUTION OF SEPARATIONS, the specification of which:

☐ is attached hereto.

☒ was filed on September 9, 2003 as Application Serial No. 10/657,243 and was amended on _____.

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<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/434,650	12/20/2002	Abandoned

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10/035,337	1/4/2002	Pending

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Direct all telephone calls to BRIAN J. DORINI at telephone number (202) 783-5070.

Direct all correspondence to the following:

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Full Name of Inventor: KEREN O. PERLMUTTER

Inventor's Signature: _____

Date: _____

Residence Address: _____

Pacific Palisades, CA

Citizenship: _____

United States

Post Office Address: _____

17352 Sunset Blvd.

Apartment 406D

Pacific Palisades, CA 90272

Full Name of Inventor: SHARON M. PERLMUTTER

Inventor's Signature: _____

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Inventor's Signature: _____ Date: _____
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Full Name of Inventor: PAUL R. KLAMER

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Post Office Address: 4712 Rockland Place
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